

Afterwards the spring needle of Deschamp modified by M. Arendt, armed with a strong round ligature, was passed beneath the artery from within outwards. Having raised up the two ends of this ligature in such a way as to press for a moment the vessel, I assured myself that the pulsations ceased in the tumour, and then removed the needle. The ligature was tied with a simple double knot, and I was careful at the moment of doing so that my assistant drew away carefully, with his finger, the peritoneum, and the intestine from the loop of the ligature. This part of the operation did not offer any serious difficulty. Both ends of the ligature were drawn over the side of the wound. Immediately after the ligature was tightened the pulsations ceased in the tumour, and its volume sensibly diminished. The sides of the wound were brought together with adhesive plaster, and covered with charpie, compresses and a bandage.

The patient lost but very little blood during the operation, none of the vessels divided requiring a ligature. Carried back to his bed, he was placed upon his back, the thigh and leg semiflexed. The pain that he had experienced in the thigh and knee were much relieved. The limb was benumbed, and its heat diminished during some hours. Bottles of hot water were applied to the feet, and the limb was surrounded with bags of hot bran.

26th. Evening. Pulse strong and frequent, but the patient is doing well. Vesectomy $\frac{3}{4}$ xiv.; fifteen drops of cherry laurel water every three hours; lemonade for drink—solution of cream of tartar.

27th. Pulse febrile; costiveness; a tablespoonful of castor oil, which operated well; the lower limb is hot; the patient begins to feel pain on the inner side of the knee; the soft parts in this region are hot and swollen, and the skin red; application of ten leeches over this point; little bags of emollient herbs, hot leaves of hyoscyamus upon the knee.

29th. Swelling about the limb has diminished; the temperature of the skin is sensibly less; its surface is pale and shining. Frictions with camphorated volatile liniment, are made on this part. A superficial slough has appeared on the external side of the foot over the fifth metatarsal bone, compresses wet with spirits of turpentine and camphorated spirits of wine are applied to it. The rest of the foot is hot. The general state of the patient is satisfactory. He has slept several hours. Pulse less frequent. Cherry laurel water omitted, lemonade continued.

30th. The patient has slept well and feels stronger; pulse 80, and soft; temperature of the body natural; tongue good; bowels natural; the left lower extremity is hot; the size of the aneurismal tumour has considerably diminished; dressings removed; wound looks well, the greater part of it having united by the first intention. Suppuration is seen only at the point at which the ligature passes out. The pus is in small quantity, and of good appearance. As the swelling of the knee is again painful twelve leeches are ordered to it.

31st. Patient slept well; general condition good; inflammation of the knee is less violent; slough on the foot is circumscribed, but a like slough is seen on the skin of the pallet, which is surrounded by an erysipelatous redness; suppuration of the wound is healthy.

June 2nd. The swelling of the knee is more painful; twelve leeches were applied to it, which produced its complete resolution. Another small superficial slough is formed on the external part of the sole of the foot. The general state of the patient, as well as that of the wound, is satisfactory.

From this time the patient went on improving; his strength, appetite, and natural sleep returning. Towards the end of June the tumour had diminished to nearly one-fourth of its original size, and was converted into a hard mass. The temperature and sensibility of the diseased limb had returned to the natural state with the exception of the toes and sole of the foot, which are yet as if benumbed. All the gangrenous sloughs have separated and the wounds cicatrized.

The ligature came away on the thirty-second day after the operation, and the wound quickly cicatrized. Two months after the operation the patient was completely cured.—*Gazette Médicale de Paris*, Dec. 30, 1837.

31. Treatment of Erysipelas by Raw Cotton.—The efficacy of cotton in the treatment of burns, and the analogy between the inflammation of the skin produced by heat, and of erysipelas, has led M. REYNARD to employ the cotton in the

latter disease; and he has found the application equally beneficial. In erysipelas, as in burns, M. R. says, the cotton calms pain, as it were, by a charm; a mild and moist warmth takes the place of the itching, the formication, the sharp and biting heat which so much increase the pain; the swelling gradually diminishes, the redness disappears, the skin becomes flaccid and wrinkled, and without becoming covered with those furfuraceous scales, which characterize the termination of erysipelas, and which sometimes continue during a long period. All that separates are a few slight layers of epidermis, and this is speedily effected. The general excitement ceases with the local phenomena, the fever diminishes, and in simple cases the organic functions return to their normal state, without the necessity of any other treatment. A circumstance of great advantage in the use of cotton is, that it is equally fitted for, and produces analogous effects, in all forms of erysipelas, whether idiopathic or traumatic, whatever may be its situation, on the face, body, or limbs; whatever may be the depth of the tissues which are affected; for in the cases which are collected, are some of phlegmonous erysipelas greatly amended and others entirely arrested by the simple application of cotton. The result, M. Reynaud would thus explain,—that the cotton acts by exciting in the diseased part a moderate warmth, a sort of vapour bath which keeps up a constantly equable temperature, a proper degree of humidity, by keeping the diseased part from contact with air and light, two powerful excitants of the cutaneous system. Cotton does not suffice in all cases; no more than other remedies does it enable the surgeon to dispense with general means, but it lends to these a great assistance: it hastens the resolution, and when this termination cannot take place, it still serves to limit the inflammation, and to arrest its progress.

The method of applying the cotton is very simple. Raw cotton which is well carded must be selected, in order that it may be free from all foreign substances which it sometimes contains. A layer sufficiently thick to protect the diseased part from the light and air must then be applied, taking care always that the cotton extends some inches beyond the limits of the inflammation. A compress and a few turns of a bandage will keep the cotton applied. A linen mask is well fitted for the face. The cotton should be removed every twenty-four hours to judge of its effects, or, if there is no contra-indication, it may be allowed to remain during the whole course of the treatment. If the cotton should adhere too strongly to the skin, in a case where there is slight exudation, it may be removed by applying over it an emollient poultice. The author has added to the previous remarks, several cases of various forms of erysipelas treated with cotton; to which it is unnecessary to call the attention, otherwise than to state that seven are cases of simple erysipelas of the face and extremities; that one is of traumatic erysipelas; the ninth of erysipelas complicated with a miliary eruption; four of phlegmonous and one of gangrenous erysipelas.—*Journ. des Connais. Med. Chirurg.* Feb. 1837.

32. *Tapping the Head in Chronic Hydrocephalus.*—This operation was proscripted by Gölis, Boerhaave, Heister, Hecker, and Portenschlag, as altogether cruel and useless; and one of the most eminent practitioners of our own country asserts that it has nothing but its hardihood to recommend it. An attentive examination, nevertheless, of the facts which our science now possesses will show that this entire condemnation of the operation is unjust. Vose, Graefe, Rossi and Russel, have each reported cases in which they have performed it with success; and Mr. Greatwood has related a case, where a child of fifteen months old was accidentally cured of the disease by falling upon the back of the head upon a nail; above three pints of fluid gradually escaping from the puncture thus made. A similar case has been also recorded by Dr. HöFLING, of Heinfeld, in *Wochenschrift für die gesammte Heilkunde*, 1837, No. 41. The patient, a boy, aged 5, presented the symptoms of chronic hydrocephalus in a marked degree. The temporal and frontal regions of the head were, in particular, largely developed, and projected far over the diminutive face. The general health, however, still continued good, and there was no particular ailment. Whilst in this state, the boy received a severe blow on the forehead from the hoof of a cow, which produced momentary stupefaction. Examination shewed that the frontal bone, already extremely thin, had been broken by the stroke, and that a considerable quantity of water had escaped, and still continued to flow from the